

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							10065365			
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.		
1	1						51			
2	1						52			
3	1						53			
4	1						54			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2									
TOTAL DEP.	8									
TOTAL CLAIMS	10									